

**RULES
OF THE
DEPARTMENT OF LABOR
DIVISION OF WORKERS' COMPENSATION**

**CHAPTER 0800-2-7
GENERAL RULES OF THE WORKERS' COMPENSATION PROGRAM
CASE MANAGEMENT**

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0800-2-7-.01 DEFINITIONS - GENERAL. As used in this chapter, the following terms are used as follows:

- (1) "Case management" means medical case management or the ongoing coordination of medical care services provided to an injured or disabled employee.
- (2) "Case manager" means an individual who provides or supervises the provision of case management services under this chapter and who is either:
 - (a) A physician licensed under TCA, Title 63, Chapter 6; or
 - (b) A licensed registered nurse, licensed under TCA, Title 63, Chapter 7, who possesses one or more of the following:
 1. A master's degree in vocational rehabilitation counseling; or
 2. Certification as a Certified Insurance Rehabilitation Specialist (CIRS). (Note: This certification is now called "Certified Disability Management Specialist"(CDMS); or
 3. Certification as a Certified Rehabilitation Registered Nurse (CRRN); or
 4. Certification as a Certified Occupational Health Nurse (COHN).
 - (c) Certified as a Certified Case Manager (CCM). Any individual currently providing case management services in Tennessee and pursuing certification as a Certified Case Manager may continue to provide these services through February 15, 1994.
- (3) "Case manager assistant" means an individual who provides case management services under the direct supervision of a case manager and who meets one of the following:
 - (a) The individual is a registered nurse, licensed under TCA, Title 63, Chapter 7; or
 - (b) The individual possesses one of the following:
 1. A master's degree in vocational rehabilitation counseling; or
 2. Certification as a Certified Insurance Rehabilitation Specialist (CIRS). (Note: This certification is now called "Certified Disability Management Specialist"(CDMS); or

(Rule 0800-2-7-.01, continued)

3. Certification as a Certified Rehabilitation Counselor (CRC).
- (4) "Commissioner" means the Commissioner of Labor and Workforce Development.
- (5) "Contractor" means that organization or organizations referred to in TCA §50-6-124 [Section 8 of Public Chapter 900 of the Acts of 1992].
- (6) "Medical Director" means the Medical Director appointed by the Commissioner of Labor and Workforce Development pursuant to T.C.A. § 50-6-126.
- (7) "Catastrophic injury" means any injury which is one of the following:
 - (a) Spinal cord injury involving severe paralysis of an arm, a leg, or the trunk;
 - (b) Amputation of an arm, a hand, a foot, or a leg involving the effective loss of use of that appendage;
 - (c) Severe brain or closed head injury as evidenced by:
 1. Severe sensory or motor disturbances;
 2. Severe communication disturbances;
 3. Severe complex integrated disturbances of cerebral function;
 4. Severe disturbances of consciousness;
 5. Severe episodic neurological disorders; or
 6. Other conditions at least as severe in nature as any condition provided in subparagraphs 1. through 5. of this paragraph;
 - (d) Second or third degree burns over 25 percent of the body as a whole or third degree burns to 5 percent or more of the face or hands; or
 - (e) Total or industrial blindness.

Authority: TCA §§ 4-5-202, 50-6-102, 50-6-122, 50-6-123, 50-6-124, and 50-6-126 [Section 2 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993. Amended by Public Chapter 467; effective May 31, 1993. Amendment filed March 20, 2007; effective July 27, 2007.

0800-2-7-.02 CASE MANAGEMENT SYSTEM.

- (1)
 - (a) Each insurer who provides workers' compensation insurance regulated by the provisions of T.C.A., Title 50, Chapter 6, or self-insured employer, may provide for a system of case management for cases involving compensable injuries under TCA, Title 50, Chapter 6. Any insurer providing workers' compensation insurance under TCA, Title 50, Chapter 6, may provide for or contract for case management services when such services are provided.
 - (b) The insured employer may choose to provide case management services itself or through a third party administrator. If so, the insured employer shall inform its insurer in writing of its choice.
- (2) The Commissioner shall provide or contract for certain case management services. The case management services which are provided or contracted for shall include, but not limited to, providing;

(Rule 0800-2-7-.02, continued)

- (a) A review of an individual case when an employee, employer, or health care provider seeks review of a decision or action by the employer's case manager;
 - (b) A review of case management services provided by case managers or case management firms for an employer for workers' compensation cases; and
 - (c) Development of reports and summaries of case management of medical care and services in workers' compensation cases in Tennessee.
- (3) It shall be the responsibility of every employer, either directly or through its insurer or third party administrator, to give basic information to and encourage the injured worker's participation in case management. It shall further be the responsibility of those parties to inform the injured worker of the identity of the contractor and of the case management providers for workers' compensation cases for the employer, and of the possibility that the injured worker will be contacted by the case management provider for the employer. Those parties shall also inform the injured worker that provision of information to the contractor and to the case management provider for the employer for purposes of case management is strongly encouraged.

Authority: TCA, §§ 4-5-202, 50-6-102, 50-6-122, 50-6-123 and 50-6-233 [Sections 3 and 7 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993. Amendment filed March 20, 2007; effective July 27, 2007.

0800-2-7-.03 CASE MANAGEMENT THRESHOLD.

- (1) An employer or insurer is encouraged, but not required, to provide case management services if such services would prove to be beneficial.
- (2) In all cases in which case management is undertaken, if the employee suffered a catastrophic injury there shall be at least one face-to-face meeting between the case manager and the employee within fourteen (14) calendar days after the date of injury. After the initial meeting, there shall be face-to-face meetings between the case manager and the employee at least every three months thereafter for the first year and at least every six months during the second year. Should an employee suffering a catastrophic injury experience a significant change in medical condition, there shall be a face-to-face meeting between the case manager and the employee within fourteen (14) calendar days of such a change. If the employee suffered a non-catastrophic injury, then there shall be at least one face-to-face meeting within twelve (12) weeks of the date of injury. Documentation evidencing the face-to-face meetings shall be submitted to the Medical Director of the Tennessee Department of Labor and Workforce Development within a reasonable time.

Authority: TCA §§ 4-5-202, 50-6-102, 50-6-122, 50-6-123, 50-6-233(c)(6) [Section 3 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993. Amendment filed May 13, 1997; effective July 27, 1997. Amendment filed March 20, 2007; effective July 27, 2007.

0800-2-7-.04 ELEMENTS OF CASE MANAGEMENT.

- (1) Case management services shall include, but not be limited to, the following elements required in TCA §50-6-123 [Section 7(b) of Public Chapter 900]:
 - (a) Developing a treatment plan to provide appropriate medical services to an injured or disabled employee;
 - (b) Systematically monitoring the treatment rendered and the medical progress of the injured or disabled employee;

(Rule 0800-2-7-.04, continued)

- (c) Assessing whether alternate medical care services are appropriate and delivered in a cost-effective manner based on acceptable medical standards;
 - (d) Ensuring that the injured or disabled employee is following the prescribed medical care plan; and
 - (e) Formulating a plan for return to work with due regard for the employee's recovery and restrictions and limitations, if any.
- (2)
 - (a) Case management services under this chapter may only be provided by a case manager or by a case manager assistant under the direct supervision of a case manager.
 - (b) A case manager shall be responsible for any case management services rendered by a case manager assistant. A case manager shall not permit a case manager assistant to render inappropriate, inadequate, negligent, or unprofessional services. Before rendering case management services, each case manager assistant shall be assigned to a case manager who shall be responsible for all services related to case management provided by the assistant.
 - (c) The contractor shall report any instances of inappropriate case management services or inadequate supervision to the Medical Director. The Medical Director shall report any instance of failure to appropriately supervise a case manager assistant, negligence or other unprofessional or malpractice conduct by a case manager to the Commissioner and to either the Board of Medical Examiners or the Board of Nursing for appropriate disciplinary proceedings.

Authority: TCA, §§ 4-5-202, 50-6-102, 50-6-122, and 50-6-123; [Section 7 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993. Amendment filed March 20, 2007; effective July 27, 2007.

0800-2-7-.05 INVESTIGATION OF COMPLAINTS.

- (1) The Medical Director may inquire into or investigate instances where the medical treatment or the physical rehabilitation provided appears to be deficient or incomplete. Upon a complaint from an injured employee, employer, health care provider, or a referral from the contractor, and upon reasonable cause, the medical Director may investigate the allegations.
- (2) In cases where the inquiry or investigation substantiates that medical treatment or physical rehabilitation is deficient or incomplete, the Medical Director shall recommend appropriate corrective action.

Authority: TCA §§50-6-123 and 50-6-126 [Sections 7 and 10 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993.

0800-2-7-.06 CONFIDENTIALITY OF RECORDS.

- (1) Subject to any applicable requirement of law concerning confidentiality of records, a case manager or a firm providing case management services shall provide the Commissioner, or the Commissioner's designee, with any appropriate case management records or permit the Commissioner or the Commissioner's designee to inspect, review, or copy such records in a responsible manner.
- (2) For case management purposes, the Department of Labor and Workforce Development and its contractor will maintain any required confidentiality of any personally identifying information concerning employees claiming workers' compensation benefits which the Department may obtain. Provision of these records pursuant to this rule shall not constitute a waiver of an applicable privilege or confidentiality.

(Rule 0800-2-7-.06, continued)

Authority: TCA §§ 4-5-202, 50-6-102, 50-6-122, and 50-6-123; [Section 2 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993. Amendment filed March 20, 2007; effective July 27, 2007.

0800-2-7-.07 CASE MANAGEMENT INFORMATION.

- (1) The contractor or the employer's case management provider shall have the right to contact the injured or disabled worker, employer, insurer, third party administrator, legal representative, and all health care providers involved in the case. The contacted parties shall have the duty and responsibility to cooperate and provide information to the contractor or employer's case management provider, to the same extent as provided in Rule 0800-2-6-.02 of these rules.
- (2) All injured or disabled workers and their legal representatives are required to cooperate with the contractor or employer's case management provider with respect to all reasonable requests for information necessary for case management purposes. The contractor shall report any refusal to cooperate to the Medical Director.
- (3) Any dispute concerning the reasonableness of any request for information may be submitted, in writing, to the Medical Director. The determinations of the Medical Director concerning the reasonableness of such requests are final.

Authority: TCA §§50-6-123 [Section 7 of Chapter 900 of the Public Acts of 1992.] **Administrative History:** Original rule filed January 28, 1993; effective May 13, 1993.